

June 27, 2007

Dear Attorney,

We are in the process of up-dating our lists for appointment of Guardian ad Litem and Advocate Counsels for probate, guardianship, protective placement (WATTS), and civil commitments. If you are interested in being on our list please let us know by completing the short questionnaire enclosed with this letter and returning it to our office at the above address. You may apply to be added to the list at any time in the future. You should renew your interest every 2 years.

NOTE: Per Supreme Court Order 03-03, Supreme Court Rules Chapter 36 was created to provide:

“Commencing on July 1, 2004, lawyer may not accept an appointment by a court as a guardian ad litem for an adult in an action or proceeding under chs. 51, 55 or 880, stats. Unless any of the following conditions have been met:

- (1) The lawyer has attended 30 hours of guardian ad litem education approved under SCR 36.03.
- (2) The lawyer has attended 6 hours of guardian ad litem education approved under SCR 36.03 during the combined current reporting period specified under SCR 31.01(7) at the time he or she accepts an appointment and the immediately preceding reporting period
- (3) The appointing court has made a finding in writing or on the record that the action or proceeding presents exceptional or unusual circumstances for which the lawyer is otherwise qualified by experience or expertise to represent the best interest of the adult.”

These credits are reported as “GALa” credits and can be checked at:

<http://wicourts.gov/services/attorney/edu.htm>

Please feel free to contact me with any questions.

Jennifer Lemmer

Jennifer Lemmer
Register in Probate

GAL/ADVOCATE COUNSEL UPDATE

Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

State Bar Number: _____

I. I consent to appointments as GAL/Advocate counsel in the following case types:

Probate

Civil Commitment

Guardianship

Protective Placement (WATTS)

II. Maximum number of miles I am willing to travel for an appointment: _____

III. Malpractice insurance carrier and coverage: _____

IV. I consent to abide by the provisions of the Americans with Disabilities Act.

V. I am eligible to accept appointments under Supreme Court Rule:

36.01(1) or (2): List name of the course(s) completed, date, location and GALa credits earned:

See attached sheet

36.01(3): Provide a copy of written finding or details on any finding made of the record: _____

See attached sheet

OTHER COMMENTS: _____

Dated: _____

Signature